

# Questions documentation

## Helse og Svangerskap

## Health in Pregnancy

### The Norwegian Mother, Father and Child Cohort Study (MoBa)

*This questionnaire is “connected” to several MoBa main questionnaires distributed to the 2<sup>nd</sup> generation participants from 2024 onwards. MoBa 2<sup>nd</sup> generation participants who state that they are currently pregnant in a MoBa questionnaire are asked to fill out to this questionnaire. Please consult MoBa for an overview of which MoBa questionnaires that the Health in Pregnancy questionnaire is connected to.*

Version	Date	Performed by	Description
1.0	06.11.2025	Siri Håberg (FHI) Katrine Kranstad (FHI)	Version A2

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## Instrument

### 1. Name of original instrument/question:

Original name of scale (*no name* if only single question)

List wording of questions included in the section (with number from questionnaire in front) and write response categories (with values used in the dataset)

### 2. Description of original scale or selection of items used:

Description of analytical approaches for selecting just a sample of items from a scale

If single question. NOT RELEVANT

If selection of established short version, make referral to literature and/or use

Where does the Q/scale come from, what is it meant to measure. Description of number of items, subscales. Where the Q/scale has been used and any information that give insight into what instrument this is.

Primary references of the instrument as well as important secondary publications if relevant.

### 3. Rationale for choosing the instrument:

What is it meant to measure and IF RELEVANT: Why this measure was chosen (if relevant).

### 4. Modifications:

Describe modifications during the study from one version to another.

Write if omitted or added from one version to another

### NOTE:

This instrument documentation was written based on version A2 of the questionnaire per 03.11.2025. FYI: version A2 was set up as a result of an error in the dependencies connected to Q26. Only two respondents replied to the A1 version before the error was corrected. This is further explained in the Modifications specifications pertaining to Q26, 26.1 and 26.2 further down in this document.

If you have any comments that may improve this document, please contact [morbarndata@fhi.no](mailto:morbarndata@fhi.no).

## General information

### 1. Name of original instrument/question: MoBa specific questions.

Q		Response options	Variable name
1.	<p>What was the first day of your last menstrual period? If you're unsure, please estimate as best you can</p> <p><i>[Calendar]</i></p>	Select date	HS11
	Generated variable, date of delivered questionnaire – date of first day of your last menstrual period.		HS_WEEK S_SINCE_ LMP
2.	<p>What is your due date? If you're unsure, please estimate as best you can.</p> <p><i>[Calendar]</i></p>	Select date	HS12
	Generated variable, date of delivered questionnaire – date of due date.		HS_WEEK S_UNTIL_ TERMIN
3.	<p>What week of pregnancy are you currently in?</p> <p><i>[Dropdown menu]</i></p>	<p>1. Week 1 2. Week 2 3. Week 3 ... 42. Week 42 43. Week 43 44. Don't know</p>	HS13
4.	<p>How much did you weigh just before you became pregnant? Please enter your weight in whole kilograms.</p>	Min: 20, Max: 500, Whole numbers only	HS14

	<i>[Number field]</i>		
5.	How many babies are you expecting in this pregnancy?  <i>[Radio buttons]</i>	<ol style="list-style-type: none"> <li>1. One baby</li> <li>2. Twins</li> <li>3. Triplets</li> <li>4. More than three</li> <li>5. Don't know</li> </ol>	HS15
6.	Was this pregnancy planned, partially planned, or not planned at all?  <i>[Radio buttons]</i>	<ol style="list-style-type: none"> <li>1. Planned</li> <li>2. Partially planned</li> <li>3. Not planned at all</li> <li>4. Don't know</li> </ol>	HS16
6.1.	Did you do anything to find out when in your cycle you were most likely to get pregnant?  You can select one or more options.  <i>[Multiple choice]</i>  <i>This element will only be displayed if "Planned" or "Partially planned" was selected in question 6. "Was this pregnancy planned, partially planned, or not planned at all?"</i>	No	HS17
		Yes, took an ovulation test	HS18
		Yes, used a tracker/fertility app	HS19
		Yes, measured morning body temperature	HS20
		Yes, observed vaginal discharge	HS21
		Yes, counted days from last period	HS22
		Yes, I noticed when I was ovulating	HS23
6.2.	Did you plan intercourse around the time of ovulation?  <i>[Radio buttons]</i>  <i>This element will only be displayed if "Planned" or "Partially planned" was selected in question 6. "Was this pregnancy planned, partially planned, or not planned at all?"</i>	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> <li>3. Don't know</li> </ol>	HS24

7.	How often did you (on average) have sexual intercourse in the months leading up to your pregnancy?  <i>[Radio buttons]</i>	<ol style="list-style-type: none"> <li>1. Every day</li> <li>2. 5–6 times a week</li> <li>3. 3–4 times a week</li> <li>4. 1–2 times a week</li> <li>5. 1–2 times every other week</li> <li>6. About once a month</li> <li>7. Less than once a month</li> <li>8. Don't know</li> <li>9. Prefer not to answer</li> </ol>	HS25
8.	For how many months did you have regular unprotected sex before becoming pregnant?  <i>[Dropdown menu]</i>	<ol style="list-style-type: none"> <li>1. Less than 1 month</li> <li>2. 1 month</li> <li>3. 2 months</li> <li>4. 3 months</li> <li>5. 4 months</li> <li>6. 5 months</li> <li>7. 6 months</li> <li>8. 7 months</li> <li>9. 8 months</li> <li>10. 9 months</li> <li>11. 10 months</li> <li>12. 11 months</li> <li>13. 12 months</li> <li>14. 13 months</li> <li>15. 14 months</li> <li>16. More than 14 months</li> <li>17. Did not have unprotected sex</li> <li>18. Don't know</li> <li>19. Prefer not to answer</li> </ol>	HS26
9.	Did you become pregnant even though you/your partner were using contraception?  <i>[Radio buttons]</i>	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> <li>3. Don't know</li> </ol>	HS27
9.1.	What type of contraception were you/your partner using?  You can check one or more options.  <i>[Multiple choice]</i>	Mini pill	HS28
		Birth control pill	HS29
		Hormonal IUD	HS30
		Copper IUD	HS31
		Contraceptive implant	HS32
		Contraceptive injection	HS33
		Contraceptive patch	HS34
		Vaginal ring	HS35

	<i>This element will only be displayed if "Yes" was selected in question 9. "Did you become pregnant even though you/your partner were using contraception?"</i>	Diaphragm	HS36
		Male condom	HS37
		Female condom	HS38
		Fertility awareness method ("safe period")	HS39
		Withdrawal method	HS40
		Other type of contraception	HS41
		I am sterilized	HS42
		My partner is sterilized	HS43
		Don't know	HS44
10.	Did you use fertility treatment in connection with this pregnancy?  [Radio buttons]	1. Yes 2. No 3. Don't know 4. Prefer not to answer	HS45
10.1.	What type of fertility treatment did you use for this pregnancy?  [Radio buttons]  <i>This element will only be displayed if "Yes" or "Don't know" was selected in question 10. "Did you use fertility treatment in connection with this pregnancy?"</i>	1. Insemination without hormones 2. Insemination with hormones 3. IVF without intracytoplasmic sperm injection (ICSI) 4. IVF with ICSI 5. Other 6. Don't know	HS46
11.	Was your menstrual cycle regular during the 12 months before you became pregnant?  [Radio buttons]	1. Yes, I could predict my next period within 1–3 days 2. Yes, within 4–5 days 3. Yes, within 6–7 days 4. No, irregular. Cycle length often varied by more than 7 days 5. Don't know 6. Not applicable	HS47
11.1.	Thinking back to the 12 months before you became pregnant, how many days typically passed from the first day of one period to the first day of the next?  [Dropdown menu]  <i>This element will only be displayed if "Yes, I could predict my next period within 1–3 days", "Yes, within 4–5 days", "Yes,</i>	1. 15 days or fewer 2. 16 days 3. 17 days ... 30. 44 days 31. 45 days or more 32. Don't know	HS48

	<i>within 6–7 days”, “No, irregular. Cycle length often varied by more than 7 days” or “Don’t know” was selected in question 11. “Was your menstrual cycle regular during the 12 months before you became pregnant?”</i>		
12.	<p>Have you experienced any of the following illnesses or problems during this pregnancy?</p> <p>You can check one or more options.</p> <p><i>[Multiple choice]</i></p>	Pelvic girdle pain	HS49
		Nausea	HS50
		Nausea with vomiting	HS51
		Vaginal yeast infection	HS52
		Vaginal mucus/cloudy discharge	HS53
		Pregnancy-related itching	HS54
		Constipation	HS55
		Diarrhea	HS56
		Sleep problems	HS57
		Swelling/edema (fluid retention)	HS58
		Fever with rash	HS59
		Fever over 38.5°C	HS60
		Infection	HS61
		Covid-19	HS62
		Influenza (flu)	HS63
		Pneumonia	HS64
		Sugar in urine	HS65
		Protein in urine	HS66
		Vaginal bleeding	HS67
		None of the above	HS68
12.1.	<p>When during pregnancy did you experience pelvic girdle pain?</p> <p>You may check one or more options.</p> <p>Specify which pregnancy weeks:</p> <p><i>[Multiple choice]</i></p> <p><i>This element will only be displayed if "Pelvic girdle pain" was selected in question 12.</i></p> <p><i>"Have you experienced any of the</i></p>	Week 0–4	HS69
		Week 5–9	HS70
		Week 10–14	HS71
		Week 15–19	HS72
		Week 20–24	HS73
		Week 25–29	HS74
		Week 30–34	HS75



	<i>following illnesses or problems during this pregnancy?"</i>	Week 35–39	HS76
		Week 40–43	HS77
12.2.	<p>When during pregnancy did you experience nausea?</p> <p>You may check one or more options. Specify which pregnancy weeks:</p> <p><i>[Multiple choice]</i></p> <p><i>This element will only be displayed if "Nausea" was selected in question 12. "Have you experienced any of the following illnesses or problems during this pregnancy?"</i></p>	Week 0–4	HS78
		Week 5–9	HS79
		Week 10–14	HS80
		Week 15–19	HS81
		Week 20–24	HS82
		Week 25–29	HS83
		Week 30–34	HS84
		Week 35–39	HS85
		Week 40–43	HS86
	<p>12.3. When during pregnancy did you experience nausea with vomiting?</p> <p>You may check one or more options. Specify which pregnancy weeks:</p> <p><i>[Multiple choice]</i></p> <p><i>This element will only be displayed if "Nausea with vomiting" was selected in question 12. "Have you experienced any of the following illnesses or problems during this pregnancy?"</i></p>	Week 0–4	HS87
		Week 5–9	HS88
		Week 10–14	HS89
		Week 15–19	HS90
		Week 20–24	HS91
		Week 25–29	HS92
		Week 30–34	HS93
		Week 35–39	HS94
		Week 40–43	HS95

12.4.	<p>When during pregnancy did you experience vaginal yeast infection?</p> <p>You may check one or more options. Specify which pregnancy weeks:</p> <p><i>[Multiple choice]</i></p> <p><i>This element will only be displayed if "Vaginal yeast infection" was selected in question 12. "Have you experienced any of the following illnesses or problems during this pregnancy?"</i></p>	Week 0–4	HS96
		Week 5–9	HS97
		Week 10–14	HS98
		Week 15–19	HS99
		Week 20–24	HS100
		Week 25–29	HS101
		Week 30–34	HS102
		Week 35–39	HS103
		Week 40–43	HS104
12.5.	<p>When during pregnancy did you experience vaginal mucus/cloudy discharge?</p> <p>You may check one or more options. Specify which pregnancy weeks:</p> <p><i>[Multiple choice]</i></p> <p><i>This element will only be displayed if "Vaginal mucus/cloudy discharge" was selected in question 12. "Have you experienced any of the following illnesses or problems during this pregnancy?"</i></p>	Week 0–4	HS105
		Week 5–9	HS106
		Week 10–14	HS107
		Week 15–19	HS108
		Week 20–24	HS109
		Week 25–29	HS110
		Week 30–34	HS111
		Week 35–39	HS112
		Week 40–43	HS113
12.6.	When during pregnancy did you experience pregnancy-related itching?	Week 0–4	HS114
		Week 5–9	HS115

	<p>You may check one or more options. Specify which pregnancy weeks:</p> <p><i>[Multiple choice]</i></p> <p><i>This element will only be displayed if "Pregnancy-related itching" was selected in question 12. "Have you experienced any of the following illnesses or problems during this pregnancy?"</i></p>	Week 10–14	HS116
		Week 15–19	HS117
		Week 20–24	HS118
		Week 25–29	HS119
		Week 30–34	HS120
		Week 35–39	HS121
		Week 40–43	HS122
<b>12.7.</b>	<p>When during pregnancy did you experience constipation?</p> <p>You may check one or more options. Specify which pregnancy weeks:</p> <p><i>[Multiple choice]</i></p> <p><i>This element will only be displayed if "Constipation" was selected in question 12. "Have you experienced any of the following illnesses or problems during this pregnancy?"</i></p>	Week 0–4	HS123
		Week 5–9	HS124
		Week 10–14	HS125
		Week 15–19	HS126
		Week 20–24	HS127
		Week 25–29	HS128
		Week 30–34	HS129
		Week 35–39	HS130
		Week 40–43	HS131
<b>12.8.</b>	<p>When during pregnancy did you experience diarrhea?</p> <p>You may check one or more options. Specify which pregnancy weeks:</p> <p><i>[Multiple choice]</i></p>	Week 0–4	HS132
		Week 5–9	HS133
		Week 10–14	HS134
		Week 15–19	HS135
		Week 20–24	HS136

	<i>This element will only be displayed if "Diarrhea" was selected in question 12. "Have you experienced any of the following illnesses or problems during this pregnancy?"</i>	Week 25–29	HS137
		Week 30–34	HS138
		Week 35–39	HS139
		Week 40–43	HS140
<b>12.9.</b>	<p>When during pregnancy did you experience sleep problems?</p> <p>You may check one or more options. Specify which pregnancy weeks:</p> <p><i>[Multiple choice]</i></p> <p><i>This element will only be displayed if "Sleep problems" was selected in question 12. "Have you experienced any of the following illnesses or problems during this pregnancy?"</i></p>	Week 0–4	HS141
		Week 5–9	HS142
		Week 10–14	HS143
		Week 15–19	HS144
		Week 20–24	HS145
		Week 25–29	HS146
		Week 30–34	HS147
		Week 35–39	HS148
		Week 40–43	HS149
<b>12.10.</b>	<p>What kind of sleep problems have you experienced during pregnancy?</p> <p>You may check one or more options.</p> <p><i>[Multiple choice]</i></p> <p><i>This element will only be displayed if "Sleep problems" was selected in question 12. "Have you experienced any of the following illnesses or problems during this pregnancy?"</i></p>	Difficulty falling asleep	HS150
		Night-time awakenings	HS151
		Early morning awakenings	HS152
		Snoring (according to others)	HS153
		Breathing pauses during sleep (according to others)	HS154
		Daytime sleepiness (easily nodding off)	HS155
		Daytime fatigue (feeling tired/unrefreshed)	HS156

12.11.	<p>When during pregnancy did you experience swelling/edema (fluid retention)?</p> <p>You may check one or more options. Specify which pregnancy weeks:</p> <p><i>[Multiple choice]</i></p> <p><i>This element will only be displayed if "Swelling/edema (fluid retention)" was selected in question 12. "Have you experienced any of the following illnesses or problems during this pregnancy?"</i></p>	Week 0–4	HS157
		Week 5–9	HS158
		Week 10–14	HS159
		Week 15–19	HS160
		Week 20–24	HS161
		Week 25–29	HS162
		Week 30–34	HS163
		Week 35–39	HS164
		Week 40–43	HS165
	<p>12.12. When during pregnancy did you experience fever with rash?</p> <p>You may check one or more options. Specify which pregnancy weeks:</p> <p><i>[Multiple choice]</i></p> <p><i>This element will only be displayed if "Fever with rash" was selected in question 12. "Have you experienced any of the following illnesses or problems during this pregnancy?"</i></p>	Week 0–4	HS166
		Week 5–9	HS167
		Week 10–14	HS168
		Week 15–19	HS169
		Week 20–24	HS170
		Week 25–29	HS171
		Week 30–34	HS172
		Week 35–39	HS173
		Week 40–43	HS174
12.13.	When during pregnancy did you experience fever over 38.5°C?	Week 0–4	HS175
		Week 5–9	HS176

	<p>You may check one or more options. Specify which pregnancy weeks:</p> <p><i>[Multiple choice]</i></p> <p><i>This element will only be displayed if "Fever over 38.5°C" was selected in question 12. "Have you experienced any of the following illnesses or problems during this pregnancy?"</i></p>	Week 10–14	HS177
		Week 15–19	HS178
		Week 20–24	HS179
		Week 25–29	HS180
		Week 30–34	HS181
		Week 35–	HS182
		Week 40–43	HS183
<b>12.14.</b>	<p>When during pregnancy did you experience an infection?</p> <p>You may check one or more options. Specify which pregnancy weeks:</p> <p><i>[Multiple choice]</i></p> <p><i>This element will only be displayed if "Infection" was selected in question 12. "Have you experienced any of the following illnesses or problems during this pregnancy?"</i></p>	Week 0–4	HS184
		Week 5–9	HS185
		Week 10–14	HS186
		Week 15–19	HS187
		Week 20–24	HS188
		Week 25–29	HS189
		Week 30–34	HS190
		Week 35–39	HS191
<b>12.15.</b>	<p>When during pregnancy did you have Covid-19?</p> <p>You may check one or more options. Specify which pregnancy weeks:</p> <p><i>[Multiple choice]</i></p> <p><i>This element will only be displayed if "Covid-19" was selected in question 12. "Have</i></p>	Week 0–4	HS193
		Week 5–9	HS194
		Week 10–14	HS195
		Week 15–19	HS196
		Week 20–24	HS197
		Week 25–29	HS198

	<i>you experienced any of the following illnesses or problems during this pregnancy?"</i>	Week 30–34	HS199
		Week 35–39	HS200
		Week 40–43	HS201
<b>12.16.</b>	<p>When during pregnancy did you experience the flu?</p> <p>You may check one or more options. Specify which pregnancy weeks:</p> <p><i>[Multiple choice]</i></p> <p><i>This element will only be displayed if "Flu" was selected in question 12. "Have you experienced any of the following illnesses or problems during this pregnancy?"</i></p>	Week 0–4	HS202
		Week 5–9	HS203
		Week 10–14	HS204
		Week 15–19	HS205
		Week 20–24	HS206
		Week 25–29	HS207
		Week 30–34	HS208
		Week 35–39	HS209
		Week 40–43	HS210
<b>12.17</b>	<p>When during pregnancy did you experience pneumonia?</p> <p>You may check one or more options. Specify which pregnancy weeks:</p> <p><i>[Multiple choice]</i></p> <p><i>This element will only be displayed if "Pneumonia" was selected in question 12. "Have you experienced any of the following illnesses or problems during this pregnancy?"</i></p>	Week 0–4	HS211
		Week 5–9	HS212
		Week 10–14	HS213
		Week 15–19	HS214
		Week 20–24	HS215
		Week 25–29	HS216
		Week 30–34	HS217
		Week 35–39	HS218
		Week 40–43	HS219

<b>12.18.</b>	<p>When during pregnancy did you experience sugar in urine?</p> <p>You may check one or more options. Specify which pregnancy weeks:</p> <p><i>[Multiple choice]</i></p> <p><i>This element will only be displayed if "Sugar in urine" was selected in question 12. "Have you experienced any of the following illnesses or problems during this pregnancy?"</i></p>	Week 0–4	HS220
		Week 5–9	HS221
		Week 10–14	HS222
		Week 15–19	HS223
		Week 20–24	HS224
		Week 25–29	HS225
		Week 30–34	HS226
		Week 35–39	HS227
		Week 40–43	HS228
<b>12.19.</b>	<p>When during pregnancy did you experience protein in urine?</p> <p>You may check one or more options. Specify which pregnancy weeks:</p> <p><i>[Multiple choice]</i></p> <p><i>This element will only be displayed if "Protein in urine" was selected in question 12. "Have you experienced any of the following illnesses or problems during this pregnancy?"</i></p>	Week 0–4	HS229
		Week 5–9	HS230
		Week 10–14	HS231
		Week 15–19	HS232
		Week 20–24	HS233
		Week 25–29	HS234
		Week 30–34	HS235
		Week 35–39	HS236
		Week 40–43	HS237
<b>12.20.</b>	<p>When during pregnancy did you experience vaginal bleeding?</p> <p>You may check one or more options. Specify which pregnancy weeks:</p>	Week 0–4	HS238
		Week 5–9	HS239
		Week 10–14	HS240



	<p><i>[Multiple choice]</i></p> <p><i>This element will only be displayed if "Vaginal bleeding" was selected in question 12.</i></p> <p><i>"Have you experienced any of the following illnesses or problems during this pregnancy?"</i></p>	Week 15–19	HS241
		Week 20–24	HS242
		Week 25–29	HS243
		Week 30–34	HS244
		Week 35–39	HS245
		Week 40–43	HS246
13.	<p>Have you been told by a doctor that you have one or more of the following conditions?</p> <p>You can check one or more options.</p> <p><i>[Multiple choice]</i></p>	High blood pressure	HS247
		Preeclampsia	HS248
		Gestational diabetes	HS249
		No, I do not have any of these conditions	HS250
14.	<p>It is common to measure long-term blood sugar (HbA1c) in early pregnancy. What was your result?</p> <p><i>[Dropdown list]</i></p>	1. 20 2. 21 3. 22 ..... 79. 98 80. 99 81. 100+ 82. Don't know 83. Not measured	HS251
15.	<p>Many people take a glucose tolerance test during pregnancy. Did you take one between week 22 and 30?</p> <p><i>[Radio buttons]</i></p>	1. Yes 2. No 3. Don't know 4. Have not taken the glucose tolerance test yet	HS252
15.1.	<p>What was the result of the test?</p> <p><i>[Radio buttons]</i></p> <p><i>This element will only be displayed if "Yes" was selected in question 15. "Did you take a glucose tolerance test between week 22 and 30?"</i></p>	1. No gestational diabetes 2. Gestational diabetes 3. Borderline 4. Don't know 5. Prefer not to answer	HS253

- 2. Description of original scale or selection of items used:** Formulated by researchers for the purpose of MoBa questionnaires to 2nd generation participants. Questions about medical conditions are inspired by current knowledge about risk factors in pregnancies.
- 3. Rationale for choosing the instrument:** Included in order to map relevant aspects of a current pregnancy. Questions developed in collaboration with the Danish National Birth Cohort (DNBC), and chosen to fit the context of a pregnancy questionnaire provided to participants at any stage of a pregnancy in both MoBa and the DNBC.
- 4. Modifications:** No revisions have been made

## Sleep

- 1. Name of original instrument/question:** MoBa specific sleep questions used across several MoBa questionnaires.

Q		Response options	Variable name
16.	When do you usually go to bed on weekdays?  [Dropdown menu]	1. Before 20:00 2. 20:00 3. 20:15 4. 20:30 5. 20:45 .... 31. 03:15 32. 03:30 33. 03:45 34. 04:00 35. After 04:00	HS254
17.	When do you usually get up on weekdays?  [Dropdown menu]	1. Before 05:00 2. 05:00 3. 05:15 4. 05:30 5. 05:45 31. 12:15 32. 12:30 33. 12:45 34. 13:00 35. After 13:00	HS255
18.	How long does it usually take you to fall asleep after going to bed on weekdays?  [Dropdown menu]	1. 0 min 2. 5 min 3. 10 min 4. 15 min 5. 30 min 6. 45 min 7. 1 hour 8. 1.5 hours 9. 2 hours 10. 2.5 hours 11. More than 3 hours	HS256
19.	How long are you usually awake during the night (after first falling asleep) on weekdays?  [Dropdown menu]	1. 0 min 2. 5 min 3. 10 min 4. 15 min 5. 30 min 6. 45 min	HS257

		7. 1 hour 8. 1.5 hours 9. 2 hours 10. 2.5 hours 11. 3 hours 12. 4 hours 13. 5 hours 14. 6 hours 15. 7 hours 16. More than 7 hours	
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2. **Description of original scale or selection of items used:** Q16-19: MoBa specific questions adapted for epidemiological studies to capture sleep patterns, including sleep length, time in bed. These items were first implemented in the SHOT study (Sivertsen et al., 2019) and were inspired by the Consensus Sleep Diary (Carney et al., 2012).
3. **Rationale for choosing the instrument:** These items facilitate detailed analysis of sleep length, time in bed, and variability between weekdays and weekends, providing valuable insights into sleep patterns. Questions only about weekdays were decided to include in this questionnaire.
4. **Modifications:** Revisions during the data collection period: No revisions have been made.

## Childbirth

- 1. Name of original instrument/question:** The “Childbirth Fear – Prior to Pregnancy (CFPP)” scale.

Q		Response options	Variable name
20.	<b>Please indicate how much you agree with the following statements about childbirth</b> <i>[Matrix with radio buttons]</i>		
	I am afraid of what contractions and childbirth will do to my body	1. Strongly agree 2. Agree 3. Somewhat agree 4. Disagree 5. Strongly disagree	HS258
	I am worried that the contractions will be too intense		HS259
	I am worried that the baby might be harmed		HS260

- 2. Description of original scale or selection of items used:** The question about fear of birth is selected from the “Childbirth Fear – Prior to Pregnancy (CFPP)” scale. Shortened from 10 items in the original scale.
- 3. Rationale for choosing the instrument:** To collect data on fear of birth. Decided to be included in the questionnaire in collaboration with the Danish National Birth Cohort (DNBC).
- 4. Modifications:** No revisions have been made.

## Medication Use

### 1. Name of original instrument/question: MoBa specific questions.

Q		Response options	Variable name
21.	<p>Have you taken paracetamol during this pregnancy?</p> <p>Paracetamol is a pain reliever sold under several brand names, such as Paracet, Panodil, Pinex.</p> <p><i>[Radio buttons]</i></p>	<p>1. Yes</p> <p>2. No</p> <p>3. Don't know</p>	HS261
21.1.	<p>How often have you taken paracetamol during this pregnancy?</p> <p><i>[Radio buttons]</i></p> <p><i>This element will only be displayed if "Yes" was selected in question 21.</i></p> <p><i>"Have you taken paracetamol during this pregnancy?"</i></p>	<p>1. Daily</p> <p>2. 1–2 times</p> <p>3. 3–5 times</p> <p>4. 6–10 times</p> <p>5. More than 10 times</p>	HS262
21.2.	<p>How many milligrams (mg) of paracetamol do you usually take at a time?</p> <p><i>[Radio buttons]</i></p> <p><i>This element will only be displayed if "Yes" was selected in question 21.</i></p> <p><i>"Have you taken paracetamol during this pregnancy?"</i></p>	<p>1. 500 mg or less</p> <p>2. 501–1000 mg</p> <p>3. 1001–1500 mg</p> <p>4. More than 1500 mg</p> <p>5. Don't know</p>	HS263
21.3.	<p>When during the pregnancy have you taken paracetamol?</p> <p>You can check one or more options. Select which gestational weeks apply:</p> <p><i>[Multiple choice]</i></p> <p><i>This element will only be displayed if "Yes" was selected in question 21.</i></p> <p><i>"Have you taken paracetamol during this pregnancy?"</i></p>	Week 0–4	HS264
		Week 5–9	HS265
		Week 10–14	HS266
		Week 15–19	HS267
		Week 20–24	HS268
		Week 25–29	HS269
		Week 30–34	HS270
		Week 35–39	HS271
		Week 40–43	HS272

2. **Description of original scale or selection of items used:** Formulated by researchers for the purpose of MoBa questionnaires to 2nd generation participants. Questions about medication based on current knowledge about risk factors in pregnancies. Formulated with input from pharmacoepidemiology researchers at the Norwegian Institute of Public Health.
3. **Rationale for choosing the instrument:** Included in order to capture data about medication use during pregnancy. Questions developed in collaboration with the Danish National Birth Cohort (DNBC), and chosen to fit the context of a pregnancy questionnaire provided to participants at any stage of a pregnancy in both MoBa and the DNBC.
4. **Modifications:** No revisions have been made

## Alcohol and nicotine products

### 1. Name of original instrument/question: MoBa specific questions.

Q		Response options	Variable name
22.	<p>Since becoming pregnant, how many units of alcohol (beer, wine, or spirits) do you typically drink in a week?</p> <p>One unit equals approximately 1 beer (33 cl), 1 glass of wine (12 cl), or 1 shot of spirits (4 cl). Write 0 if you do not drink.</p> <p>Indicate number of units per week.</p> <p><i>[Numeric field]</i></p>	<p>Minimum: 0, maximum: 30 (integers only)</p>	HS273
23.	<p>Do you smoke cigarettes? Do not include e-cigarettes.</p> <p><i>[Radio buttons]</i></p>	<ol style="list-style-type: none"> <li>1. No, I have never smoked</li> <li>2. No, I quit before pregnancy</li> <li>3. No, I quit when I found out I was pregnant</li> <li>4. No, I have quit during pregnancy</li> <li>5. Yes, occasionally</li> <li>6. Yes, daily</li> </ol>	HS274
23.1.	<p>How many cigarettes do you smoke per day on average?</p> <p><i>[Numeric field]</i></p> <p><i>This element will only be displayed if "Yes, daily" was selected in question 23. "Do you smoke cigarettes?"</i></p>	<p>Minimum: 0, maximum: 99 (integers only)</p>	HS275
24.	<p>Do you vape/use e-cigarettes?</p> <p><i>[Radio buttons]</i></p>	<ol style="list-style-type: none"> <li>1. No, I have never vaped/used e-cigarettes</li> <li>2. No, I quit before pregnancy</li> <li>3. No, I quit when I found out I was pregnant</li> <li>4. No, I have quit during pregnancy</li> <li>5. Yes, occasionally</li> </ol>	HS276



		6. Yes, daily	
<b>24.1.</b>	How many times do you vape/use e-cigarettes per day on average?  <i>[Numeric field]</i>  <i>This element will only be displayed if “Yes, daily” was selected in question 24. “Do you vape/use e-cigarettes?”</i>	Minimum: 0, maximum: 99 (integers only)	HS277
<b>25.</b>	Do you use snus?  <i>[Radio buttons]</i>	<ol style="list-style-type: none"> <li>1. No, I have never used snus</li> <li>2. No, I quit before pregnancy</li> <li>3. No, I quit when I found out I was pregnant</li> <li>4. No, I have quit during pregnancy</li> <li>5. Yes, occasionally</li> <li>6. Yes, daily</li> </ol>	HS278
<b>25.1.</b>	How many portions of snus do you use per day on average?  <i>[Numeric field]</i>  <i>This element will only be displayed if “Yes, daily” was selected in question 25. “Do you use snus?”</i>	Minimum: 0, maximum: 99 (integers only)	HS279

- 2. Description of original scale or selection of items used:** Formulated by researchers for the purpose of MoBa questionnaires to 2nd generation participants. Questions about alcohol and nicotine based on current knowledge about risk factors in pregnancies.
- 3. Rationale for choosing the instrument:** Included in order to capture data about alcohol and nicotine use during pregnancy. Questions developed in collaboration with the Danish National Birth Cohort (DNBC), and chosen to fit the context of a pregnancy questionnaire provided to participants at any stage of a pregnancy in both MoBa and the DNBC.
- 4. Modifications:** No revisions have been made.

## Environment and Surroundings

**1. Name of original instrument/question:** MoBa specific questions, inspired by existing surveys please see references under the table below.

Q		Response options	Variable name
26.	What do you usually do? You may select one or more options.  <i>[Multiple choice]</i>	Attend upper secondary school	HS280
		Study	HS281
		In vocational training / apprenticeship	HS282
		In military service	HS283
		Attend folk high school	HS284
		Taking a gap year	HS285
		Unemployed / temporarily laid off	HS286
		On sick leave / disabled / in rehabilitation	HS287
		Employed in private sector	HS288
		Employed in public sector	HS289
		Self-employed	HS290
		Freelancer	HS291
		Other	HS292
26.1.	If you study, what time of day do you usually study?  <i>[Radio buttons]</i>	1. During the day (mainly between 06:00–18:00) 2. In the evening (mainly between 15:00–24:00) 3. Shifting hours, including at night 4. Shifting hours, not at night 5. I do not study 6. Other	HS293
26.2.	If you are in paid employment, what time of day do you usually work?  <i>[Radio buttons]</i>	1. During the day (mainly between 06:00–18:00) 2. In the evening (mainly between 15:00–24:00) 3. Shifting work hours with night work 4. Shifting work hours without night work 5. Other	HS294

		6. I do not have paid employment	
27.	<p>Are you regularly (daily or almost daily) exposed to any of the following at work, school, or at home? You may select one or more options.</p> <p><i>[Multiple choice]</i></p>	Pesticides in agriculture Metal particles from smoke or welding Solvents, oil-based paint, or cleaning agents Environments with temperatures over 25 degrees Celsius Chemotherapy drugs Car exhaust fumes Chemicals for hair dye or perm Chemicals for manicure or pedicure No, I am not regularly exposed to any of these	HS295 HS296 HS297 HS298 HS299 HS300 HS301 HS302 HS303
27.1.	<p>How many hours per day are you exposed to pesticides in agriculture?</p> <p><i>[Dropdown list]</i></p> <p><i>This element will only be displayed if "Pesticides in agriculture" was selected in question 27. "Are you regularly (daily or almost daily) exposed to any of the following at work, school, or at home?"</i></p>	1. Less than 1 hour 2. 1 hour5 ... 25. 24 hours	HS304
27.2.	<p>Do you use protective equipment when exposed to pesticides in agriculture?</p> <p><i>[Radio buttons]</i></p> <p><i>This element will only be displayed if "Pesticides in agriculture" was selected in question 27. "Are you regularly (daily or almost daily) exposed to any of the following at work, school, or at home?"</i></p>	1. Yes, I use protective equipment 2. No, I do not use protective equipment	HS305

<b>27.3.</b>	<p>How many hours per day are you exposed to metal particles from smoke or welding at work, school, or home?</p> <p><i>[Dropdown list]</i></p> <p><i>This element will only be displayed if "Metal particles from smoke or welding" was selected in question 27. "Are you regularly (daily or almost daily) exposed to any of the following at work, school, or at home?"</i></p>	<ol style="list-style-type: none"> <li>1. Less than 1 hour</li> <li>2. 1 hour</li> <li>...</li> <li>25. 24 hours</li> </ol>	HS306
<b>27.4.</b>	<p>Do you use protective equipment when exposed to metal particles from smoke or welding?</p> <p><i>[Radio buttons]</i></p> <p><i>This element will only be displayed if "Metal particles from smoke or welding" was selected in question 27. "Are you regularly (daily or almost daily) exposed to any of the following at work, school, or at home?"</i></p>	<ol style="list-style-type: none"> <li>1. Yes, I use protective equipment</li> <li>2. No, I do not use protective equipment</li> </ol>	HS307
<b>27.5.</b>	<p>How many hours per day are you exposed to solvents, oil-based paint, or cleaning agents at work, school, or home?</p> <p><i>[Dropdown list]</i></p> <p><i>This element will only be displayed if "Solvents, oil-based paint, or cleaning agents" was selected in question 27. "Are you regularly (daily or almost daily) exposed to any of the following at work, school, or at home?"</i></p>	<ol style="list-style-type: none"> <li>1. Less than 1 hour</li> <li>2. 1 hour</li> <li>...</li> <li>25. 24 hours</li> </ol>	HS308

<p><b>27.6.</b></p>	<p>Do you use protective equipment when exposed to solvents, oil-based paint, or cleaning agents?</p> <p><i>[Radio buttons]</i></p> <p><i>This element will only be displayed if "Solvents, oil-based paint, or cleaning agents" was selected in question 27. "Are you regularly (daily or almost daily) exposed to any of the following at work, school, or at home?"</i></p>	<ol style="list-style-type: none"> <li>1. Yes, I use protective equipment</li> <li>2. No, I do not use protective equipment</li> </ol>	<p>HS309</p>
<p><b>27.7.</b></p>	<p>How many hours per day are you exposed to environments with temperatures over 25 degrees Celsius at work, school, or home?</p> <p><i>[Dropdown list]</i></p> <p><i>This element will only be displayed if "Environments with temperatures over 25°C" was selected in question 27. "Are you regularly (daily or almost daily) exposed to any of the following at work, school, or at home?"</i></p>	<ol style="list-style-type: none"> <li>1. Less than 1 hour</li> <li>2. 1 hour</li> <li>...</li> <li>25. 24 hours</li> </ol>	<p>HS310</p>
<p><b>27.8.</b></p>	<p>Do you use protective equipment when exposed to environments with temperatures over 25 degrees Celsius?</p> <p><i>[Radio buttons]</i></p> <p><i>This element will only be displayed if "Environments with temperatures over 25°C" was selected in question 27. "Are you regularly (daily or almost daily) exposed to any of the following at work, school, or at home?"</i></p>	<ol style="list-style-type: none"> <li>1. Yes, I use protective equipment</li> <li>2. No, I do not use protective equipment</li> </ol>	<p>HS311</p>

<b>27.9.</b>	<p>How many hours per day are you exposed to chemotherapy drugs at work, school, or home?</p> <p><i>[Dropdown list]</i></p> <p><i>This element will only be displayed if "Chemotherapy drugs" was selected in question 27. "Are you regularly (daily or almost daily) exposed to any of the following at work, school, or at home?"</i></p>	<ol style="list-style-type: none"> <li>1. Less than 1 hour</li> <li>2. 1 hour</li> <li>...</li> <li>25. 24 hours</li> </ol>	HS312
<b>27.10.</b>	<p>Do you use protective equipment when exposed to chemotherapy drugs?</p> <p><i>[Radio buttons]</i></p> <p><i>This element will only be displayed if "Chemotherapy drugs" was selected in question 27. "Are you regularly (daily or almost daily) exposed to any of the following at work, school, or at home?"</i></p>	<ol style="list-style-type: none"> <li>1. Yes, I use protective equipment</li> <li>2. No, I do not use protective equipment</li> </ol>	HS313
<b>27.11.</b>	<p>How many hours per day are you exposed to car exhaust fumes at work, school, or home?</p> <p><i>[Dropdown list]</i></p> <p><i>This element will only be displayed if "Car exhaust fumes" was selected in question 27. "Are you regularly (daily or almost daily) exposed to any of the following at work, school, or at home?"</i></p>	<ol style="list-style-type: none"> <li>1. Less than 1 hour</li> <li>2. 1 hour</li> <li>...</li> <li>25. 24 hours</li> </ol>	HS314
<b>27.12.</b>	<p>Do you use protective equipment when exposed to car exhaust fumes?</p> <p><i>[Radio buttons]</i></p> <p><i>This element will only be displayed if "Car exhaust fumes" was selected in question 27. "Are you regularly (daily or almost daily) exposed to any of the following at work, school, or at home?"</i></p>	<ol style="list-style-type: none"> <li>1. Yes, I use protective equipment</li> <li>2. No, I do not use protective equipment</li> </ol>	HS315

<b>27.13.</b>	<p>How many hours per day are you exposed to chemicals used for hair dye or perm at work, school, or home?</p> <p><i>[Dropdown list]</i></p> <p><i>This element will only be displayed if "Chemicals for hair dye or perm" was selected in question 27. "Are you regularly (daily or almost daily) exposed to any of the following at work, school, or at home?"</i></p>	<ol style="list-style-type: none"> <li>1. Less than 1 hour</li> <li>2. 1 hour</li> <li>...</li> <li>25. 24 hours</li> </ol>	HS316
<b>27.14.</b>	<p>Do you use protective equipment when exposed to chemicals used for hair dye or perm?</p> <p><i>[Radio buttons]</i></p> <p><i>This element will only be displayed if "Chemicals for hair dye or perm" was selected in question 27. "Are you regularly (daily or almost daily) exposed to any of the following at work, school, or at home?"</i></p>	<ol style="list-style-type: none"> <li>1. Yes, I use protective equipment</li> <li>2. No, I do not use protective equipment</li> </ol>	HS317
<b>27.15.</b>	<p>How many hours per day are you exposed to chemicals used for manicure or pedicure at work, school, or home?</p> <p><i>[Dropdown list]</i></p> <p><i>This element will only be displayed if "Chemicals for manicure or pedicure" was selected in question 27. "Are you regularly (daily or almost daily) exposed to any of the following at work, school, or at home?"</i></p>	<ol style="list-style-type: none"> <li>1. Less than 1 hour</li> <li>2. 1 hour</li> <li>...</li> <li>25. 24 hours</li> </ol>	HS318

27.16.	<p>Do you use protective equipment when exposed to chemicals used for manicure or pedicure?</p> <p><i>[Radio buttons]</i></p> <p><i>This element will only be displayed if "Chemicals for manicure or pedicure" was selected in question 27. "Are you regularly (daily or almost daily) exposed to any of the following at work, school, or at home?"</i></p>	<ol style="list-style-type: none"> <li>1. Yes, I use protective equipment</li> <li>2. No, I do not use protective equipment</li> </ol>	HS319
28.	<p>Have you experienced any of the following events in the last 6 months?</p> <p>You may select one or more options.</p> <p><i>[Multiple choice]</i></p>	Serious illness, injury or assault among family or friends	HS320
		Serious accident, fire or robbery	HS321
		Your own serious illness	HS322
		Death of a child	HS323
		Death of spouse/partner/parent/close friend	HS324
		Divorce or separation	HS325
		Serious conflicts with family, friends, or neighbors	HS326
		Physical violence or threats of violence	HS327
		Unemployment or being laid off	HS328
		Sexual harassment (verbal or non-verbal)	HS329
		Rape	HS330
		Significant financial problems	HS331
		You or a close family member involved in a legal conflict and summoned to court	HS332
		None of the above	HS333



- 2. Description of original scale or selection of items used:** Formulated by researchers for the purpose of MoBa questionnaires to 2nd generation participants.

Question 27 (incl. Dependencies) about exposures inspired by a similar question in the MoBa Q1 questionnaire/15 week pregnancy questionnaire.

Question 28 about stressful life events are adapted from the List of Threatening Experiences (LTE) (Brugha, Bebbington, Tennant & Hurry, 1985) which is a standard instrument for public health surveys in the "European Health Survey System". References: Brugha, T. S., Bebbington, P. E., Tennant, C., & Hurry, J. (1985). The list of threatening experiences: A subset of 12 life event categories with considerable long-term contextual threat. *Psychological Medicine*, 15, 189-194

<https://www.nkvts.no/content/uploads/2015/08/vold-negative-livshendelser-og-helse.pdf>

- 3. Rationale for choosing the instrument:** Included in order to map relevant aspects of the pregnant woman's life, surroundings and whether significant stress-related life incidents have taken place in their lives (Q28). Questions developed in collaboration with the Danish National Birth Cohort (DNBC), and chosen to fit the context of a pregnancy questionnaire provided to participants at any stage of a pregnancy in both MoBa and the DNBC.
- 4. Modifications:** Q26.1 and Q26.2 were in version A1 set up as dependencies to Q 26, however the dependencies did not correspond correctly, which meant that the respondents did not get access to the "correct" answer categories in Q26.1 and 26.2. This mistake was quickly noticed and corrected by removing the dependencies and re-formulating the formulations of Q26.1 and 26.2. Only two respondents replied to the questionnaire before the mistake was corrected. The corrected version was named version A2.

Revisions during the data collection period: In version A, questions 26.1 and 26.2 were revised immediately after distribution of the questionnaire. 2 respondents submitted the questionnaire before the change was made. The original questions we formulated with the wrong dependencies that did not fit the question.

Q26.1 Dependency: If "Attending High school", "Student", "Work experience/apprentice", or "Attending folk high school" is selected in the question "What do you usually do?" respondents are presented with the question "At what time of day do you usually study".

Q26.2 Dependency: If "Freelancer", "Employed in the private sector", "Employed in the public sector", or "Self-employed" were selected in the question "What do you usually do?" respondents are presented with the question "At what time of day do you usually work".

## Partner

### 1. Name of original instrument/question:

Name of original scale: MoBa specific questions

Q		Response options	Variable name
29.	Do you have a partner who is a co-parent of the child?  <i>[Radio buttons]</i>	1. Yes 2. No 3. Unsure 4. Prefer not to answer	HS334
29.1.	Does your partner smoke?  <i>[Radio buttons]</i>  <i>This element will only be displayed if "Yes" or "Unsure" was selected in question 29. "Do you have a partner who is a co-parent of the child?"</i>	1. Yes 2. No 3. Unsure 4. Prefer not to answer	HS335
	29.2. Does your partner use snus?  <i>[Radio buttons]</i>  <i>This element will only be displayed if "Yes" or "Unsure" was selected in question 29. "Do you have a partner who is a co-parent of the child?"</i>	1. Yes 2. No 3. Unsure 4. Prefer not to answer	HS336
29.3.	What does your partner usually do?  You may select one or more options.  <i>[Multiple choice]</i>  <i>This element will only be displayed if "Yes" or "Unsure" was selected in question 29. "Do you have a partner who is a co-parent of the child?"</i>	Attends upper secondary school Studies In vocational training/apprenticeship In military service Attends folk high school Taking a gap year Unemployed / temporarily laid off On sick leave / disabled / in rehabilitation Employed in private sector Employed in public sector Self-employed Freelancer	HS337 HS338 HS339 HS340 HS341 HS342 HS343 HS344 HS345 HS346 HS347 HS348

		Other	HS349
29.4.	<p>What is your partner's highest completed level of education?</p> <p><i>[Radio buttons]</i></p> <p><i>This element will only be displayed if "Yes" or "Unsure" was selected in question 29. "Do you have a partner who is a co-parent of the child?"</i></p>	<ol style="list-style-type: none"> <li>1. Lower secondary school</li> <li>2. Upper secondary school</li> <li>3. College/university/vocational school up to 4 years (e.g., bachelor's degree, master craftsman certificate)</li> <li>4. College/university over 4 years (e.g., master's degree)</li> <li>5. Doctorate (PhD)</li> <li>6. Other</li> <li>7. Unsure</li> <li>8. Prefer not to answer</li> </ol>	HS350

2. **Description of original scale or selection of items used:** Formulated by researchers for the purpose of MoBa questionnaires to 2nd generation participants.
3. **Rationale for choosing the instrument:** Included in order to capture data about the partner of a pregnant woman.
4. **Modifications:** No revisions have been made

## Diet and Supplements

### 1. Name of original instrument/question: MoBa specific question.

Q		Response options	Variable name
30.	Are you currently taking or have you taken any of the following vitamins, minerals, or dietary supplements during pregnancy?  <i>[Multiple choice]</i>	Multivitamin Multivitamin for pregnancy Folic acid supplement (vitamin B9) Creatine Iron Fish oil / cod liver oil Probiotics Psyllium Husk Protein supplement (shake, powder, bar, etc.) Other Don't know No, none of these	HS351 HS352 HS353 HS354 HS355 HS356 HS357 HS358 HS359 HS360 HS361 HS362
30.1.	When during pregnancy did you take multivitamins?  You may select one or more options.  <i>[Multiple choice]</i>  <i>This element will only be displayed if "Multivitamin" was selected in question 30. "Are you currently taking or have you taken any of the following vitamins, minerals, or dietary supplements during pregnancy?"</i>	Before pregnancy Weeks 0–4 Weeks 5–9 Weeks 10–14 Weeks 15–19 Weeks 20–24 Weeks 25–29 Weeks 30–34 Weeks 35–39 Weeks 40–43	HS363 HS364 HS365 HS366 HS367 HS368 HS369 HS370 HS371 HS372
30.2.	When during pregnancy did you take prenatal multivitamins?  You may select one or more options.  <i>[Multiple choice]</i>  <i>This element will only be displayed if "Multivitamin for pregnancy" was selected in question 30. "Are you</i>	Before pregnancy Weeks 0–4 Weeks 5–9 Weeks 10–14 Weeks 15–19 Weeks 20–24 Weeks 25–29 Weeks 30–34	HS373 HS374 HS375 HS376 HS377 HS378 HS379 HS380

	<i>currently taking or have you taken any of the following vitamins, minerals, or dietary supplements during pregnancy?"</i>	Weeks 35–39	HS381
		Weeks 40–43	HS382
<b>30.3.</b>	<p>When during pregnancy did you take folic acid (vitamin B9)?</p> <p>You may select one or more options.</p> <p><i>[Multiple choice]</i></p> <p><i>This element will only be displayed if "Folic acid supplement (vitamin B9)" was selected in question 30. "Are you currently taking or have you taken any of the following vitamins, minerals, or dietary supplements during pregnancy?"</i></p>	Before pregnancy	HS383
		Weeks 0–4	HS384
		Weeks 5–9	HS385
		Weeks 10–14	HS386
		Weeks 15–19	HS387
		Weeks 20–24	HS388
		Weeks 25–29	HS389
		Weeks 30–34	HS390
		Weeks 35–39	HS391
		Weeks 40–43	HS392
<b>30.4.</b>	<p>When during pregnancy did you take creatine?</p> <p>You may select one or more options.</p> <p><i>[Multiple choice]</i></p> <p><i>This element will only be displayed if "Creatine" was selected in question 30. "Are you currently taking or have you taken any of the following vitamins, minerals, or dietary supplements during pregnancy?"</i></p>	Before pregnancy	HS393
		Weeks 0–4	HS394
		Weeks 5–9	HS395
		Weeks 10–14	HS396
		Weeks 15–19	HS397
		Weeks 20–24	HS398
		Weeks 25–29	HS399
		Weeks 30–34	HS400
		Weeks 35–39	HS401
		Weeks 40–43	HS402
<b>30.5.</b>	<p>When during pregnancy did you take iron?</p> <p>You may select one or more options.</p> <p><i>[Multiple choice]</i></p> <p><i>This element will only be displayed if "Iron" was selected in question 30. "Are you currently taking or have you taken any of the following vitamins, minerals, or dietary supplements during pregnancy?"</i></p>	Before pregnancy	HS403
		Weeks 0–4	HS404
		Weeks 5–9	HS405
		Weeks 10–14	HS406
		Weeks 15–19	HS407
		Weeks 20–24	HS408
		Weeks 25–29	HS409
		Weeks 30–34	HS410
		Weeks 35–39	HS411
		Weeks 40–43	HS412

<b>30.6.</b>	<p>When during pregnancy did you take fish oil or cod liver oil?</p> <p>You may select one or more options.</p> <p><i>[Multiple choice]</i></p> <p><i>This element will only be displayed if "Fish oil / cod liver oil" was selected in question 30. "Are you currently taking or have you taken any of the following vitamins, minerals, or dietary supplements during pregnancy?"</i></p>	Before pregnancy	HS413
		Weeks 0–4	HS414
		Weeks 5–9	HS415
		Weeks 10–14	HS416
		Weeks 15–19	HS417
		Weeks 20–24	HS418
		Weeks 25–29	HS419
		Weeks 30–34	HS420
		Weeks 35–39	HS421
		Weeks 40–43	HS422
<b>30.7.</b>	<p>When during pregnancy did you take probiotics?</p> <p>You may select one or more options.</p> <p><i>[Multiple choice]</i></p> <p><i>This element will only be displayed if "Probiotics" was selected in question 30. "Are you currently taking or have you taken any of the following vitamins, minerals, or dietary supplements during pregnancy?"</i></p>	Before pregnancy	HS423
		Weeks 0–4	HS424
		Weeks 5–9	HS425
		Weeks 10–14	HS426
		Weeks 15–19	HS427
		Weeks 20–24	HS428
		Weeks 25–29	HS429
		Weeks 30–34	HS430
		Weeks 35–39	HS431
		Weeks 40–43	HS432
<b>30.8.</b>	<p>When during pregnancy did you take psyllium husk?</p> <p>You may select one or more options.</p> <p><i>[Multiple choice]</i></p> <p><i>This element will only be displayed if "Psyllium Husk" was selected in question 30. "Are you currently taking or have you taken any of the following vitamins, minerals, or dietary supplements during pregnancy?"</i></p>	Before pregnancy	HS433
		Weeks 0–4	HS434
		Weeks 5–9	HS435
		Weeks 10–14	HS436
		Weeks 15–19	HS437
		Weeks 20–24	HS438
		Weeks 25–29	HS439
		Weeks 30–34	HS440
		Weeks 35–39	HS441
		Weeks 40–43	HS442
<b>30.9.</b>	<p>When during pregnancy did you take protein supplements?</p> <p>You may select one or more options.</p>	Before pregnancy	HS443
		Weeks 0–4	HS444
		Weeks 5–9	HS445
		Weeks 10–14	HS446

	<p><i>[Multiple choice]</i></p> <p><i>This element will only be displayed if "Protein supplement" was selected in question 30. "Are you currently taking or have you taken any of the following vitamins, minerals, or dietary supplements during pregnancy?"</i></p>	Weeks 15–19	HS447
		Weeks 20–24	HS448
		Weeks 25–29	HS449
		Weeks 30–34	HS450
		Weeks 35–39	HS451
		Weeks 40–43	HS452
31.	<p>Do you follow a special diet or dietary preference?</p> <p>You may select one or more options.</p> <p><i>[Multiple choice]</i></p>	Vegan (no animal products)	HS453
		Vegetarian (no meat or fish, but includes dairy or eggs)	HS454
		Flexitarian (occasional meat or fish)	HS455
		Partially organic	HS456
		Mostly organic	HS457
		Pescatarian (plant-based with fish and seafood)	HS458
		Calorie-restricted diet	HS459
		Low-carb diet	HS460
		Fasting	HS461
		I do not follow any special diet	HS462
		Other diet	HS463
32.	<p>How many glasses of tap water from your home do you drink per day? One glass is approximately 250 ml.</p> <p><i>[Numeric field]</i></p>	Min: 0, max: 50 (whole numbers only)	HS464

2. **Description of original scale or selection of items used:** Formulated by researchers for the purpose of MoBa questionnaires to 2nd generation participants. Questions about diet and supplements based on current knowledge about risk factors in pregnancy.
3. **Rationale for choosing the instrument:** Included to capture data about diet and supplements in a current pregnancy. Questions developed in collaboration with the Danish National Birth Cohort (DNBC), and chosen to fit the context of a pregnancy questionnaire provided to participants at any stage of a pregnancy in both MoBa and the DNBC.
4. **Modifications:** No revisions have been made.